





*For Doctor Baker,  
with the compliments  
of the Author.*

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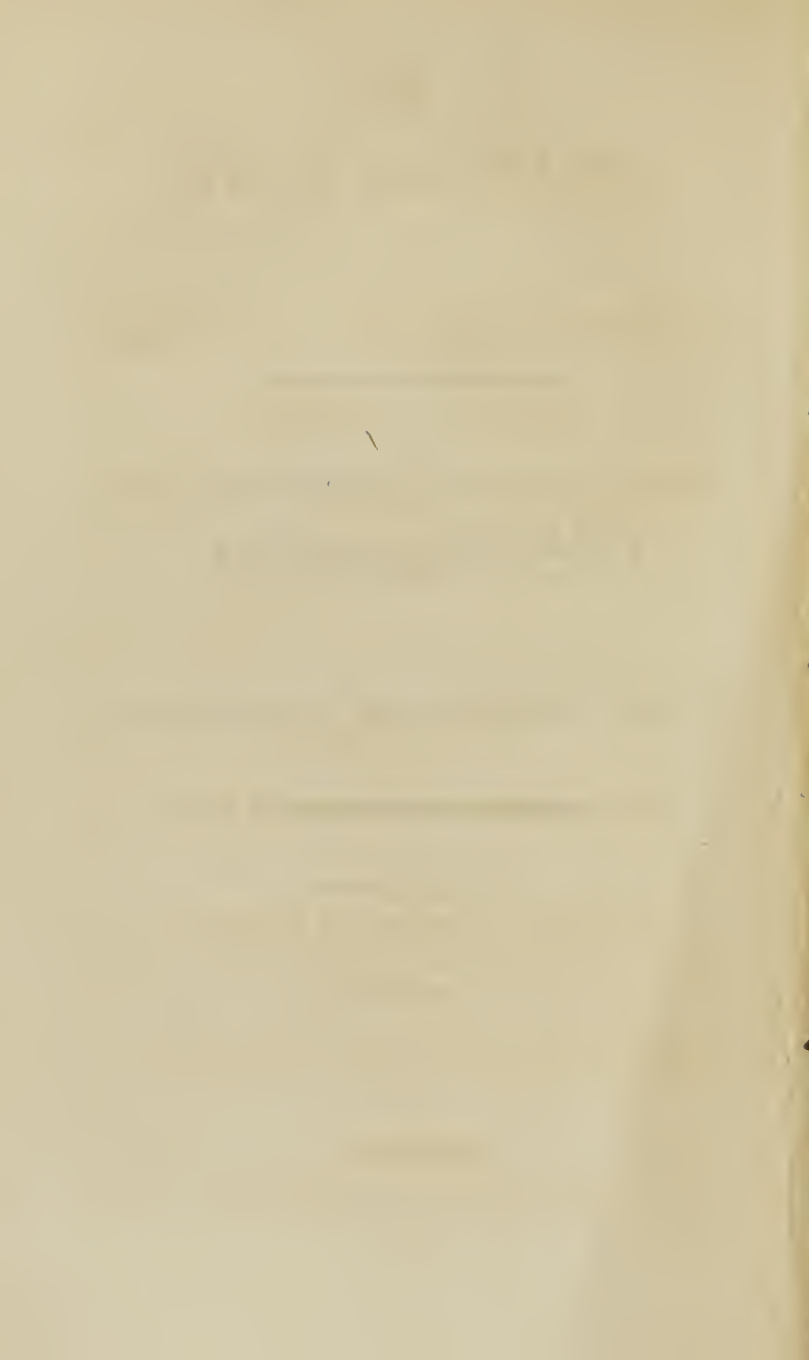
AN

INAUGURAL ESSAY

ON

CARCINOMA OR CANCER,

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AN  
INAUGURAL ESSAY,  
ON  
CARCINOMA OR CANCER.

SUBMITTED TO THE EXAMINATION OF


*Charles Alexander Warfield, M. D. President,*

*And the Medical Faculty*


OF THE COLLEGE OF MEDICINE OF MARYLAND.

On the 1st of May, 1812.

FOR THE DEGREE OF DOCTOR OF PHYSIC.

  
*By John O'Connor....of Baltimore,*

Member of the Medical and Chirurgical Faculty of the State of Maryland, and honorary member of the Baltimore Medical Society.

  
Medicina igitur ad huc taliter comparata est, ut fuerit magis ostenta, quam elaborata: etiam magis elaborata quam amplificata.—Bacon, Aug. 6c. Lib. ii. Cap. 1.

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1812.



TO THE

*Most* ~~Right~~ Reverend John Carroll, D. D.

ARCH-BISHOP OF BALTIMORE.

*Honoured Sir,*

PRESUMING upon the well known benignity of your character, and encouraged by the very flattering countenance, and kind attention, with which you have hitherto honoured me, I venture to dedicate to you the first feeble effort of my pen. Not unconscious that by dedicating to a gentleman, in whom are united great dignity, refined sense, profound erudition, and all the qualifications necessary to his exalted station, with the mild and estimable virtues of social life, I shall secure to my production a more favourable reception than from the humble mediocrity of the performance it would otherwise be entitled to receive. Should it, however, be favoured with your approbation alone, I shall consider it a great distinction.

Allow me, now, most revered Sir, to avail myself of this first opportunity of publicly expressing to you my grateful sense of the promptness with which you have constantly aided me by your inestimable and paternal counsel, ever since I have had the honour to be known to you.

That you may long continue to adorn the high and responsible station, in which you have been providentially placed, to be a conspicuous ornament to society, and an active friend and an able supporter of virtue and religion, is the sincere and ardent prayer of  
Honoured Sir,

*Your much obliged,*

*Faithful and obedient*

*Humble Servant,*

JOHN O'CONNOR.

*To John Beale Davidge, A. M. M. D.*

*James Cocke, M. D. ~~an~~adjoint Professors of  
Anatomy, Surgery and Physiology, and  
Nathaniel Potter, M. D. Professor of the  
theory and practice of Physic in the College  
of Medicine of Maryland,*

*This dissertation*

*Is most respectfully inscribed,*

*As a public testimony*

*Of respect and esteem,*

*By their sincere friend*

*And pupil,*

*The Author.*



*To Doctor John Bacon, the Managers, and  
Physicians of the Baltimore General  
Dispensary, for the years 1807, 8 and 9:*

*Under whose patronage the author had the  
advantage of spending the first three years in  
which he was engaged in the study of medi-  
cine—this dissertation is inscribed, as a small  
tribute of esteem and respect.*

*He ~~I~~ moreover gladly embraces this opportuni-  
ty of testifying in favour of that excellent  
institution, by means of which medical aid is  
gratuitously afforded to the friendless and  
diseased children of indigence, and thereby  
the misery of that class of people greatly al-  
leviated.*

*That the Baltimore General Dispensary  
may very long continue to be a monument of  
the benevolence of its original founders, an  
honour to its patrons, and an ever flowing  
fountain of comfort and health to the afflicted  
sons and daughters of poverty, is the earnest  
prayer of one who is well acquainted with the  
extent of the good accomplished by that estab-  
lishment.*

*J. O'CONNOR.*



# INAUGURAL DISSERTATION.

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**C**ANCER is a disease with respect to the nature and cure of which, the enlightened and experienced practitioners of all ages, have confessed their extreme ignorance, whilst bold and ignorant empirics have at various periods, confidently avowed the efficacy of their respective specifics, in all the stages and forms of that terrible malady; and unfortunately, despair of receiving aid from regular practitioners, continues to drive the persons who are afflicted with that affection into the hand of unprincipled pretenders.

If we may credit the accounts published by various authors, it appears that there is scarcely any part of the body which is wholly exempt from the attacks of the cancerous affection; but it has been ascertained by reiterated observation, that glandular parts are much more liable to this disease than any others.

The parts most subject to this disease are, the breasts of women, the womb, tongue, mouth, lips, nose, face, skin, testes, penis, prostate gland, stomach, liver, &c. No part of the body is more subject to cancer than the breasts of women, the small glands of which are so liable to obstruction. It may occur at any period of life, but it seldom appears till about the time at which the menses usually disappear. Tumours arising in the

breast previous to this period, have been considered by some authors as being only of a scrofulous nature, and it is probably owing to this circumstance that several cures have been of late years made on tumours of the breast by mercurial friction, and other remedies.

This destructive disease excites the contiguous parts, whatever their nature may be, to the same diseased action. The skin, the cellular substance of muscles, and the periosteum of bones all become affected, if they are in the vicinity of cancer. This very striking circumstance in the history of carcinoma, distinguishes it from most other diseases.

Cancers are generally divided by authors into occult and open, of which varieties we shall speak more fully hereafter.

## GENERAL HISTORY.

### OCCULT.

In its early stage cancer has the appearance of a small hard tumour, for the most part round, sometimes irregular, and has been compared, both from its size and figure to a hazlenut. Its increase is usually slow, unless exposed to irritation; "When slow," says Mr. Abernethy, "it is in general unremitting, at least I am inclined to think that the disease though it may be checked, cannot be made to recede, by that medical treatment which lessens the bulk of other sarcomatous tumours." The same gentleman adds, "I state this opinion however with some hesitation, for I have been informed by surgeons, that diseases, the event of which proved them to be carcinomatous, have suffered a con-

siderable reduction in size, by" a peculiar local treatment. "This circumstance," he further adds, "affords, in my opinion, another criterion by which it," that is cancer, "may in general be distinguished."

As the cancerous tumour enlarges, it generally, though not constantly, becomes unequal upon its surface, so that this inequality has been considered as characteristic of the disease, and it is a circumstance which deserves much attention.

A lancinating pain in the part, frequently accompanies its growth; but in some cases this pain is wanting. It attends also on other tumours, the structure of which are unlike carcinoma; this pain cannot therefore be considered as an infallible criterion of the nature of a tumour. This pain when present is of a peculiar kind; it consists either of sharp lancinating throbs, of deep shootings, or, in absence of these, of a constant knawing, or sense of burning heat diffused over it; or of a prickling like the thrust of needles. At first it prevails chiefly on the changes of weather, but, in process of time, it becomes almost constant, independently of any external cause, and is then spread round the seat of the disease.

As the disease increases it acquires an additional incompressible hardness, and protuberance in the middle, while the surrounding subcutaneous vessels assume a varicose state, or feel thick and knotty.

The diseased skin covering a carcinomatous tumour sometimes ulcerates, before the tumour has attained any great magnitude; the skin begins gradually to change colour, it becomes first red, then purple, or lead coloured, and so the shade advances, being marbled as it were, with varicose livid veins, until it ends in black; but before this last colour appears, the integuments generally give way, and the contents of the tumor fall out; particularly

when cells, (filled with pulpy matter, of different degrees of consistency, and of various colours) within the tumour are by this means laid open; from the sides of which an excoriating ichor copiously distils. On the bursting of the integuments, the disorder becomes what is called an open or ulcerated cancer, and presents a new series of phenomena.

### OPEN, OR ULCERATED.

The following definition is given by Mr. Pearson, who says, "A cancerous ulcer is attended with a constant sense of ardent pain; it is irregular in its figure, and commonly presents an unequal surface; it discharges a sordid, sanious and fœtid matter; the edges of the sore are thick, indurated, and often exquisitely painful; they are sometimes inverted, at other times retorted, and often exhibit a serrated appearance. The ulcer, in its progress, is frequently attended with hæmorrhages, in consequence of the erosion of blood vessels."

From the body of the sore, or its edge, a kind of spongy sprouting flesh, or growth, takes place, which soon assumes symptoms of gangrene or decay, and falls off, while the same appearance is successively renewed.

The progress of the disease is various; in some cases it advances rapidly, and there prevails, along with it, considerable inflammation; but more frequently it advances gradually, by an almost imperceptible corrosion of the adjacent parts. The direction of this corrosion is generally in the course of the lymphatics, and the glands in the vicinity of the diseased parts successively assume the diseased action.

During the use of remedies, the thin ichor often assumes the appearance of pus, at least of a white sordes resembling pus, which adheres closely to different parts of the surface of the sore, this change however divests it of no portion of its acrimony, nor imparts to it any of the properties of real pus. In the progress of the ulceration, the sore acquires a peculiar, and intolerable stench whereby it may be readily distinguished, by practitioners conversant with the disease. It is more offensive than the odour, from any other species of ulcer; and is equally loathsome to the patient, and to the by-standers. This fætor is increased by the use of greasy applications.

When the diseased actions have, as it were, exhausted themselves by their vehemence, an attempt at reparation appears to take place, similar to that which occurs in healthy parts. New flesh is formed, constituting a fungus of peculiar hardness, as it partakes of the diseased actions by which it was produced. This Fungus occasionally even cicatrizes. But though the violence of the disorder is thus mitigated, though it may be for some time indolent and stationary, it is never spontaneously cured, nor does the part ever become healthy.

In general, however, the disease continues to extend, and the glands at a considerable distance from the original tumour become affected. The progress of carcinoma in an absorbent gland is the same as that which has been already described. The disease is communicated from one gland to another; occasionally a gland or two become diseased out of the ordinary route of the absorbed fluid.

In the advanced stage of the disease a number of small tumours, of a structure similar to that which has been noticed to exist in the incipient state of cancer, are formed at a distance from the chief tumour, so as to form a circle round it.



As the loss of substance proceeds, the functions of the body become disturbed, the appetite fails, and the strength gradually decreases. Hectic fever is formed, with strong evening exacerbations, but before it can prove fatal, the patient is generally cut off by hæmorrhage, the corrosion of the larger blood-vessels being one distinguishing characteristic of the virus of cancer; or by a fit of convulsion, and thus a miserable and painful existence is terminated.

Such is the general appearance of this disease, one of the most painful and loathsome that can attack the human system. The patient's existence is often protracted under the most excruciating torture, until the body has fallen into a state of extreme emaciation, receiving little alleviation from any treatment hitherto adopted.

Although we are fully warranted, by the testimony of the most respectable writers on this subject, in considering the above as the usual phenomena presented by this disease, it must be admitted that there are frequent variations in particular cases, and these variations are the sources of much perplexity to practitioners, when called on to decide as to the nature of tumours and ulcers.

There is another circumstance in the history of cancer which deserves attention and investigation; that is, whether a disease not originally cancerous can become so, in its progress? We can only form our opinions on this subject from analogy and observation. Analogy leads us to believe, that such an alteration in the diseased actions may readily take place. Venereal buboes often change their nature, after the administration of mercury, and become troublesome sores, to which that medicine is rather detrimental than beneficial. Injuries induce inflammation and enlargement of parts, which afterwards degenerate into scrofulous diseases. "But though analogy



seems so strongly to favour the opinion, I cannot" says Mr. Abernethy, "take upon myself to say, that my observations have confirmed it. When tumours have been removed, the history of which corresponded to that of cancer, a cancerous structure was observed in them; and, on the contrary, in diseases of an apparently different nature, a different organization has been found. I once, indeed, assisted at an operation where the tumour was of that kind which I have denominated pancreatic; and I heard afterwards, that the patient died in the country of a disease which was reputed cancerous."

When a hard tumour, which has existed a long time in a gland, without either diminishing or increasing, and without giving any pain, begins at length to grow uneasy, to extend gradually in its dimensions, and to be affected with occasional pungent and lancinating pains, there is reason to suspect, that it is taking on the cancerous action; this is not, however, invariably the case; since many instances have occurred, where the tumour has fallen into a state of inflammation, and even been attended with that peculiar kind of pain which most of all is to be suspected, and yet the disease has not proved to be of that fatal nature, but the patient has received a certain, though tedious cure. These instances, when they do occur, are eagerly laid hold of by quacks, and the venders of nostrums; and are advertised as instances of the efficacy of their plans, which unwary persons, really affected with cancer, are sometimes drawn in to make trial of, at the expence, perhaps, of the only resource which remains for their security.

This disease, as before observed, does not put on the same appearance in every instance, but, in common with some other local affections, is so far influenced by the peculiarity of structure, of the part affected, as to exhibit

very different appearances. These, indeed, have borne so little resemblance in some instances, as to have tempted authors to deny that the general term cancer could be strictly applied to them. Mr. Adams thinks the cancer of the uterus, at least, a very fair exception; and not only that of the rectum, but every carcinomatous affection which begins on the skin, or parts superficially situated, seems clearly distinct from the same diseases in the breasts or other secreting glands.

The incipient state of cancer has been distinguished by the name of scirrhus by authors. The scirrhus state of a gland is that in which the tumour gives no uneasiness, and in which the skin does not lose its natural colour. Every indurated and insensible tumour in a gland is, therefore, strictly speaking, a scirrhus: the term, however, is never applied to such affections, unless they threaten to terminate in cancer.

## ANATOMICAL STRUCTURE.

It is difficult to convey correct ideas of the structure of carcinoma by words, or even by drawings. In the generality of instances the diseased part is peculiarly hard, and there are intermixed with it firm whitish bands, such as Dr. Baillie has described, and represented in his book and plates of morbid anatomy. There is indeed no other striking circumstance, which can be mentioned as constantly claiming attention in the structure of this disease, except perhaps the smooth and solid appearance which has been said to resemble that of a raw Irish potatoe\* when cut. These firm whitish bands

\* Dr. Davidge's lectures.

sometimes extend in all directions from the middle towards the circumference of a carcinomatous tumour, having little intervening matter. Sometimes they intersect it irregularly; having interposed between them a firm brownish substance, which may be scraped out with the finger. Sometimes they form cells, containing a pulpy matter of various colours and consistency; and sometimes these bands assume an arborescent arrangement, ramifying through the diseased substance.

Firm white bands, like thickened and compact cellular substance, are seen as the disease advances, to extend themselves from the original tumour amidst the fat in which it is occasionally imbedded, intercepting portions of fat in the irregular areolæ which they form. This appearance led Dr. Adams to conjecture, that the fat might be originally diseased, and that these white bands might be a thickening of the cellular substance, which ensued as a natural consequence. This circumstance deserves consideration on account of its practical application; for if after removing a carcinomatous tumour, the surgeon attends to the part which has been taken away, he will see if any of these bands have been cut through, and, consequently, whether some of this diseased substance, which ought to have been removed, has not been left. This circumstance cannot be observed by looking at the bleeding surface of the wound, but may be readily ascertained by examining the part which has been removed.

These are the chief circumstances, which characterize cancer, and distinguish it from other diseases. The account of them is brief, because it was not designed particularly to discuss the subject, but merely to point out its distinguishing characters.

## CAUSES.

The want of familiar acquaintance with the diagnostic signs of cancer, has been a most fertile source of error and deception; and "while we remain unfurnished with authentic standards," or established data, by which all observations may be examined, it ought not to excite surprise, if the same name be applied to two complaints, the histories of which are different from each other, or, if opposite modes of treatment be directed for diseases of the same nature.

A great deal of commendable pains has been lately taken, by the promoters of two public institutions in London, to investigate the nature, and to improve the treatment of carcinomatous disorders; but, from the first results of their labours, we scarcely can say, that any approach has been made towards the attainment of so desirable an object. One of the gentlemen engaged in this business, has shown with much clearness and accuracy,\* that our best definitions of scirrhus and cancer, have been very inaccurate and erroneous; whereas Mr. Home, a surgeon, of considerable reputation and experience, affirms that "there can be no difference of opinion respecting the nature of the complaint; for" says he "the truly scirrhus tumour, which is known to be capable of forming the cancerous poison, when allowed to increase in size, has been so often described, that every surgeon must be enabled from those accounts to pronounce the tumour, when he meets with it, to be of that kind."

This author likewise thinks he has proved decidedly, "that cancer is not a disease, which immediately takes place in a healthy part of the body; but one, for the production of which, it is necessary the part should have

\* Mr. Pearson.

undergone some previous change, connected with disease;' whereas Mr. Pearson has adopted the contrary opinion, viz. 'that cancer is always an original disease, and never appears as the sequel of any morbid affection whatever.'

After all that has been written, and said on this subject, it must be admitted however, that we are still in the dark concerning the cause of scirrhus and cancer, or the nature of that peculiarity of constitution in different persons, which predisposes them to this malignant derangement of animal structure. We do not even know what changes constitute the cancerous state of an organ; and it is yet debated in the medical world whether the disease be local or general.

Cancer, occurs most commonly in elderly persons, but no age is exempt from it. Mr. Burns mentions his having seen it, distinctly marked, and terminating fatally, in children of five years old; he mentions two instances of the eye being affected in such subjects.

### PREDISPOSING CAUSES.

The period of life at which it most commonly occurs, and the circumstances of its progress, seem to indicate that the causes, whatever they are, must be of a *sedative* or *debilitating* nature, and that they are such as are capable of giving rise to, and actually do give rise to a general cachectic state. It is this state, perhaps, on which the obstinacy of the disease depends; and its appearance in the form of cancer is particularly favoured by the minuteness and peculiarity of glandular organization, whose circulation, at all times, depends much on the irritability of its own vessels. Any diminution of



the general tone of the animal fibre, must, on that account, display itself by a stronger tendency to obstruction in such parts.

As cancers occur much more frequently now, than in former times, we must admit the existence of causes, which, cannot be otherwise than general in their nature. This increased frequency cannot, it is evident, be attributed to external circumstances or accidents, as they must have been about the same formerly as at present. We must therefore look for these causes in the body itself.

Perhaps some light might be thrown on the subject by comparing the modes of life in former times, with those which are adopted at the present period. But, to enter into a full investigation of this subject, would be to engage in a discussion, which could not be embraced within the limits, to which I intend to confine myself. I will therefore merely remark that the differences between the modes of life of former times, and those of the present, are chiefly referable to the two following general heads:

1st. Increase of luxury in the higher ranks of society; and

2d. The immoderate use of spirits, and other articles producing indirect debility, joined to a want of the due quantity of nourishment, in proportion to the labour undergone, in the lower orders of society.

Some difficulty may, perhaps, attend the precise application of these general causes, to any particular modification of disease; but still the circumstances seem probable, and the more the subject is studied, the greater influence will the causes seem to possess, in accounting for this and many other forms of diseases now so prevalent.

## EXCITING OR OCCASIONAL CAUSES.

All the other causes of predisposition that have been enumerated by authors, are included in these two general heads. We shall omit therefore particularizing them, and proceed to examine next, those which produce the immediate attack of the disease, or the occasional causes ; which may be referred, either to :

1st. Accidental impressions producing injury of the part.

2d. Changes altering the course of the regular circulation, and determining to the seat of the disease.

3d. To both these causes combined.

Of the former are all external accidents, as blows, contusions, preceding inflammation, &c. Hence in almost every cancer, particularly of the breast, we find it attributed to some accidental injury. Even the practice of wearing stays, in the manner commonly practised by females, must greatly expose to obstructions by resisting the passage of the fluids through the minute vessels.

Of the others are all suppressed discharges, affections of the mind, &c.

Those women who are attacked with this disease in early life, we find, for the most part, irregular ; hence we may with propriety consider the cessation of the regular menstrual discharge, as a cause of cancer in the females of advanced life ; as well as the suppression of the hæmorrhoids in the male, when long accustomed to them. Indeed, out of twenty women affected with cancer, fifteen of them will be at this critical age.

The pressure of grief long continued, by producing a powerfully sedative effect, has been said by many to have caused this disorder. So sudden and violent emotions have been also sometimes suspected of producing the same effect.

## CURE.

It cannot be doubted that numerous cases on record, denominated cancer, and perhaps all those in which, cures of this disease are said to have been performed, without destroying or removing the part affected, were complaints of a very different nature.

Many hard tumours of the breast, especially those of a scrofulous kind, and such as appear after child bearing, have been mistaken for cancers, but they may generally be dispersed by the early and repeated application of leeches, bathing with camphorated spirits, soap liniments, hemlock poultices, saturnine lotions, or gentle friction with mercurial ointment. It has been justly observed by Mr. Home, that the success met with in some of these cases, is often productive of material mischief, by inducing practitioners to be too sanguine, and to go on with the use of the same means in other cases, encouraged by this former success, till the disease has arrived at the state of a true cancer, and has advanced beyond that stage in which it might have been thoroughly removed by an operation.

The boasting cancer-curers, have not sufficient knowledge to discriminate between the different kinds of tumours they meet with, and they have too little honesty to confess that the cases in which they have had success, were really not cancerous; for such an acknowledgment would annihilate their traffic, and destroy their ill-gotten reputation. For I am thoroughly convinced, that this unprincipled class of practitioners, subsists chiefly by imposing on the credulous and inexperienced part of mankind, especially the female sex, who are terrified by curable disorders falsely named cancers.



It is of great importance, on the one hand, not to alarm our patients prematurely, by giving a hasty and unfavourable opinion; but, on the other hand, practitioners would do well to weigh all the circumstances which may enable them to decide on the nature of such tumours, and if they are confident of their being carcinomatous, to lose no time in advising the only step which can be taken for the security of the unfortunate sufferers.

The chief difficulty on this subject, is to discriminate between scrofulous indurations, and scirrhus tumours; and it is a point of great importance to be correctly settled, as on this depends the comfort and safety of patients. If a cancerous affection is decided by the surgeon to be a scrofulous tumour, the patient may indulge a fatal and delusive hope of perfect safety until the disease has made so great progress, as to be without the reach of surgery. If on the other hand a scrofulous tumour is judged to be cancerous, the patient is unnecessarily subjected to a formidable operation, and moreover, according to the opinions of some respectable pathologists, rendered particularly liable to phthisis pulmonalis.

To discriminate between these two affections, will not however be found always to be so easy as it is represented to be by Mr. Home, whose remarks on this subject I have already quoted. It should not however be forgotten that Mr. Home has in another part of his book acknowledged himself to have been frequently mistaken.

“So much,” says he, “does the same disease differ in its appearances, in different patients, from the endless peculiarities of their constitutions, by which every part of their body must be more or less influenced, that it is not possible in practice to distinguish, in all cases, between carcinomatous and scrofulous tumours, after they have

advanced to a certain size; and I am ready to confess that, in many instances, I have mistaken the one for the other and have removed, by operation, tumours which at the time had the appearance of being cancerous; and upon examination, after their removal, found them of a scrofulous nature. On the other hand, I have neglected to remove tumours, from the circumstances making it probable that they were scrofulous; which afterwards became cancerous, and destroyed the patient."

In all such doubtful cases, it is the safest rule to advise the removal of the tumour, if it be situated fairly, for the operation; as it is a much less serious inconvenience to lose a scrofulous gland, than to retain a cancerous tumour, which probably might cost the patient his life. There is reason to suspect that many surgeons, who boast of their extraordinary success in extirpating cancers, have sometimes dissected out tumours which might very innocently have remained; for the surprising disparity which we find, in the results of the practice of different surgeons, is not reconcilable on any other supposition.

Thus Mr. Nooth asserts, "that in one hundred and twoscirrhous cases" on which he operated in the early state of the disease, "all remained free from any return of the complaint;" whereas Dr. Munro, sen. says "of sixty cancers which he had seen extirpated, only four remained free of the disease for two years;" and these became cancerous afterwards. This account of the late Dr. Alexander Munro, is so very discouraging, that it will not be improper to suppose the failures in those cases, arose from some peculiarly unfavourable circumstances.

But later practitioners have been a great deal more successful; and a late publication by Mr. Hill, surgeon at Dumfries, has put the usefulness of extirpation beyond a doubt, when the operation is performed sufficiently

early; though, after the disease has continued long, the whole system becomes more predisposed to cancer, and the disease almost certainly recurs in some other part.

Mr. Hill's experience\* was by no means so discouraging as that of Dr. Munro; but extirpation did not succeed so perfectly in his hands as it had been reported to have done in those of Mr. Nooth; but it should be remarked, that Mr. Hill's cases were probably much worse and more advanced than those of Mr. Nooth, while the circumstances are not known which occasioned the ill success mentioned by Dr. Munro.

On the fullest and most deliberate consideration that I have been able to give this subject, I am decidedly of opinion that in cases where persons are afflicted with external cancers, they should not despair of being cured, when the affected parts can be thoroughly removed, and the operation can be performed at an early period of the disease.

## PALLIATIVE TREATMENT.

As the disease, when arrived at the open, or ulcerous state, cannot be successfully combated through the medium of the constitution, and as none of the remedies proposed have, on trial, been found to merit our confidence, it would be a waste of time even to enumerate them; we shall, therefore, briefly mention those remedies from which we may hope to procure for the patient some temporary advantages.

\* Mr. Hill speaks of no less than eighty-eight genuine cancers, all ulcerated except four, being extirpated by himself, and all the patients but two recovered of the operation. Nine broke out afresh and one threatened with a relapse; in all twelve, which is less than a seventh part of the whole number.

## TOPICAL APPLICATIONS.

The topical applications to an open cancer, which have been found most useful to alleviate pain, cleanse the sore, or to correct the fetid smell arising from it, are as follow:—

1. Fresh bruised hemlock leaves.
2. Scraped young carrots.
3. The fermented poultice.
4. Finely levigated chalk.
5. Powdered charcoal.
6. Carbonic acid gas.
7. A watery solution of opium.
8. Liquid tar, or tar water.

## INTERNAL REMEDIES.

The internal remedies which have been most beneficial are:—

1. Very small and long continued doses of arsenic.
2. Liberal doses of cicuta.
3. Free use of opium.
4. Aconitum.
5. Hyosciamus.
6. Belladonna.
7. Solanum.
8. Martial flowers.
9. Corrosive sublimate.
10. Nux vomica, &c.

The chief object the surgeon has in administering these remedies, is the alleviation of pain. It is to this property alone, in different narcotic vegetables, that many





authors attribute their supposed virtue in cancerous affections. Pain not only abstractly, but relatively, impairs the body. Its stimulus is not merely attended with direct morbid consequences, but tends also indirectly to the patients injury, by destroying the appetite, and producing the most afflicting state of mental dejection.

The remedies capable of alleviating the violence of pain, are both general and local. Of the former kind, not only opium, but most of the inferior narcotics, have been administered with considerable temporary benefit. It is generally expedient, indeed, to carry the use of these remedies as far as the immediate safety of the patient will admit; not forgetting, that in the alleviation of pain is, perhaps, involved the prolongation of life; for debility, the gradual increase of which marks the progress of cancer to its fatal termination, is greatly increased by long continued and violent pain.

## EXTIRPATION.

But neither the external nor internal remedies, however apparently useful for a time, can be depended on, for the cure of a genuine confirmed cancer.

Scirrhus tumours and cancerous excressences may be removed from almost all the external parts of the body, but no surgeon perhaps could now be found to undertake the excision of any internal organ; for example the uterus. Attempts have been often made by ignorant and bold empirics to destroy a cancerous ulcer of the womb, by corosive injections; but the practice is as cruel as it is inefficient: I have seen the utmost distress result from this absurd procedure. Several instances are recorded of the uterus having been excinded, and



some of the subjects of these operations have survived, but no case that I know of, is related of such an operation having been performed for the purpose of extirpating cancer, although I am aware that it has been lately proposed by a speculative writer of Germany.

The circumstances which indicate the propriety of an operation are these:—

1. When a cancer is so situated as not to expose any large blood-vessels or nerves to be cut in the operation.
2. When the whole of the morbid parts can certainly be removed.
3. When the disease has been excited into action by external accidental causes.
4. When the patient is otherwise healthy.
5. When the cancer has not shewn evident symptoms of considerable malignancy during its progress, and does not seem to have involved the adjacent glands, or absorbent vessels. The two first of these requisites are not to be dispensed with; for, unless we can dissect out all the morbid parts, without incurring the danger of dividing important nerves; or arteries which could not be controuled by ligatures, the operation must never be attempted.

The mode of operating must vary in different cases and situations. Some excellent directions are given on this subject by Messrs. Fearon, Home, Pearson, Nesbit, Bernstein, Richter, Le Dran, Sabatier and Callisen; which young surgeons should consult. The only general rules we can here lay down are:—

1. To make the external wound nearly in the direction of the subjacent muscular fibres, and to make it large enough for the removal of all the morbid parts.



2. To save, if possible, as much sound skin as will neatly cover the surface of the wound.

3. To secure, by ligature, every bleeding vessel, which might hazard a subsequent hæmorrhage.

4. To retain the lips of the wound in close contact, without interposing any dressing or extraneous substance between them.

5. To preserve the parts in an easy and steady position for some days, before they are looked at or opened.

6. To use no other than mild and cooling applications during the cure.

Were I to conclude this dissertation without expressing my thanks to the professors who fill their respective chairs, with so much honour to themselves and advantage to their pupils, I should consider myself guilty of ingratitude.

In taking leave of my medical teachers in the college, I beg leave to assure them of my high respect for their talents and enterprize, and of my ardent wishes that this medical school may soon attain the rank to which the merits of its professors and the liberal principles on which it is established entitle it.

FINIS,